

**HAND
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LEGISLATIVE RESOURCE CENTER

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CLERK
U.S. HOUSE OF REPRESENTATIVES

UNITED STATES HOUSE OF REPRESENTATIVES
2018 FINANCIAL DISCLOSURE STATEMENT

For Use by Members, Officers, and Employees

Form A

Name: WILLIAM H "BILLY" LONG, II Daytime Telephone: _____

A \$200 penalty shall be assessed against any individual who files more than 30 days late.

FILER STATUS	<input checked="" type="checkbox"/> Member of the U.S. House of Representatives	State: <u>MO</u>	Officer or Employee	Employing Office: _____	Staff Filer Type: (If Applicable)
REPORT TYPE	<input checked="" type="checkbox"/>	2018 Annual (Due: May 15, 2019)	<input type="checkbox"/>	Amendment	<input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant <input type="checkbox"/>
			<input type="checkbox"/>	Termination	Date of Termination: _____

PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child:		
a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/>	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?		
C. Did you, your spouse, or your dependent child purchase, sell, or exchange any securities or reportable real estate in a transaction exceeding \$1,000 during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$10,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing?	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"		

IPO AND EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

IPO – Did you purchase any shares that were allocated as a part of an Initial Public Offering during the reporting period? If you answered "yes" to this question, please contact the Committee on Ethics for further guidance.

TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or your dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: WILLIAM H. BILLY LONG, II

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BLOCK A												BLOCK B												BLOCK C												BLOCK D												BLOCK E																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Assets and/or Income Sources												Value of Asset												Type of Income												Amount of Income												Transaction																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
Identify (a) each asset held for investment or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income that generated more than \$200 in “unearned” income during the year.																								Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” category of income by checking the appropriate box below.												For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets indicate the asset had capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.												Indicate if the asset had purchases (P), sales (S), or exchanges (E) in the reporting period.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																	
Provide complete names of stocks and mutual funds (do not use only ticker symbols).												For all IRAs and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.												If an asset was sold during the reporting period and is included only because it generated income, the value should be “None.” *Column M is for assets held by your spouse or dependent child in which you have no interest.												Check “None” if no income was earned or generated.												Leave this column blank if there are no transactions that exceeded \$1,000.																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
For all bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.												For rental and other real property held for investment, provide a complete address or description, e.g., “rental property,” and a city and state.												For assets held in taxable accounts. Check “None” if the asset generated no income during the reporting period.												“Column XII is for assets held by your spouse or dependent child in which you have no interest.												Please indicate as follows: (S) (pmt), (P), (S), (pmt), or (E)																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																													
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	LL	MM	NN	OO	PP	QQ	RR	TT	UU	VV	WW	XX	YY	ZZ	AA	BB	CC	DD	EE	FF	GG	HH	II	JJ	KK	

Schedule A - Assets and "Unearned Income"

Asset and/or Income Source	Value of Asset	Type of Income	Amount of Income	Transaction
	A B C D E F G H I J K L			
None	\$ 1,000			
\$ 1 - \$ 1,500				
\$ 1,500 - \$ 5,000				
\$ 5,000 - \$ 10,000				
\$ 10,000 - \$ 25,000				
\$ 25,000 - \$ 50,000				
\$ 50,000 - \$ 100,000				
\$ 100,000 - \$ 500,000				
\$ 500,000 - \$ 2,500,000				
\$ 2,500,000 - \$ 5,000,000				
\$ Over \$ 5,000,000				
None				
DIVIDENDS				
RENT				
INTEREST				
CAPITAL GAINS				
EXCEPTED / BLIND TRUST				
TAX DEFERRED				
OTHER TYPES OF INCOME				
None				
\$ 1 - \$ 200				
\$ 201 - \$ 1,000				
\$ 1,001 - \$ 2,500				
\$ 2,501 - \$ 5,000				
\$ 5,000 - \$ 15,000				
\$ 15,001 - \$ 50,000				
\$ 50,001 - \$ 100,000				
\$ 100,000 - \$ 1,000,000				
\$ 1,000,001 - \$ 5,000,000				
Over \$ 5,000,000				

Bank Accounts:

JT BancorpSouth, checking account
 JT Springfield First Community Bank
 JT Congressional Federal Credit Union, Checking
 JT Congressional Federal Credit Union, Savings
 SP Springfield First Community Bank, Hilt Svgs Acct

Mortgage Note Receivable:

JT Kathy and Shawn Whitman, Fair Grove, MO

Oil Interest

JT Resource Strategies LLC
 JT RRH Resources
 JT Finley Resources, Inc

Royalty
Royalty
Royalty

Inherited
Inherited

Stock and Securities:

JT Fidelity Investments: 133-207446
 Fidelity Government Money Market
 Fidelity Municipal Money Market
 Chesapeake Energy Corp
 Direxion ETF
 PepperRock Res Corp
 Southern Co
 JT Stocks Held, TD Ameritrade 424-967538
 Money Balance

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 United States House of Representatives
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Schedule A - Assets and "Unearned Income"

Asset and/or Income Source	A	B	C	D	E	F	G	H	I	J	K	L	Value of Asset	Type of Income	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	Amount of Income	Transaction
JT Vanguard Funds, Mutual Funds: 88010950528																											
Prime Money Market Fund																											
Allergan Inc																											
The Walt Disney Co																											
JT Wells Fargo Advisors 8853-1907	x																										
Washington Mutual Fd F2	x																										
Legg Mason, Clearbridge Aggressive Gwth Fd	x																										
Principal Fds Inc Midcap Fd	x																										
Russell US Small Cap	x																										
JT Southern Company																											
Insurance Policies																											
MetLife Insurance Co. of Connecticut																											
Interest Sensitive Whole Life, Cash Value	x																										
Individual Retirement Accounts:																											
Fidelity Investments: (SEP) 133-164313	x																										
Allergan Inc	x																										
Dalphi Technologies Pic	x																										
Aptiv Plc Com New	x																										
Fidelity Govt Cash Reserves	x																										
Innate Immunotherapeutics	x																										
Apple Inc	x																										
Cdex Inc Cl A	p																										
Chesapeake Energy Corp	p																										

William H. Long, II
United States House of Representatives
Financial Disclosure Statement - Form A
Calendar Year 2018

Schedule A - Assets and "Unearned Income"

Asset and/or Income Source	A B C D E F G H I J K L	Value of Asset	Type of Income	Amount of Income	Transaction
Linnco, LLC Com					
Millenniu. Plastics Corp	x				
Nextpath Technologies Inc	x				
SCAC Holdings Corp New	x				
Southern Company	x				
Fidelity Investments: (IRA) 2AX-343196	x				
Fidelity Magellan Fund	x				
Vanguard Voyager Services 58166778	x				
Prime Money Mkt Fund	x				
Apple Inc.	x				
Wells Fargo Advisors: (4143-5730)	x				
Bank Deposit Sweep	x				
CenturyLink Inc	x				
Kinder Morgan Mgmt LLC	x				
Legg Mason, Clearbridge Tactical	x				
Omega Healthcare REIT Invst Inc	x				
The Southern Company	x				
Thomburg Invst Tr Income Bldr Fd	x				
Fidelity Investments: 414-229393	x				
SP Southern Co	x				
SP Fidelity Magellan Stk Fnd	x				
SP Fidelity Cash Reserves	x				

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Schedule A - Assets and "Unearned Income"

Asset and/or Income Source	A B C D	E F G H I	J K L	Value of Asset	Type of Income	I II III IV V VI VII VIII IX X XI	Amount of Income	X	Transaction		
None											
\$ 1 - \$ 1,000											
\$ 1,000 1 - \$ 1,500,000											
\$ 1,500 0 1 - \$ 5,000,000											
\$ 5,000 0 1 - \$ 10,000,000											
\$ 10,000 0 1 - \$ 25,000,000											
\$ 25,000 0 1 - \$ 50,000,000											
\$ 50,000 0 1 - \$ 1,000,000,000											
\$ 1,000,000 0 1 - \$ 5,000,000,000											
\$ 5,000,000 0 1 - \$ 25,000,000,000											
\$ 25,000,000 0 1 - \$ 50,000,000,000											
\$ Over \$ 50,000,000,000											
None											
D I V I D E N D S											
R E N T											
I N T E R E S T											
C A P I T A L - G A I N S											
E X C E P T E D / B L I N D T R U S T											
T A X D E F F E R R E D											
O T H E R T Y P E S O F I N C O M E											
None											
\$ 1 - \$ 200											
\$ 200 1 - \$ 1,000											
\$ 1,000 1 - \$ 2,500											
\$ 2,500 1 - \$ 5,000											
\$ 5,000 0 - \$ 15,000											
\$ 15,000 1 - \$ 60,000											
\$ 60,000 0 1 - \$ 100,000											
\$ 100,000 0 1 - \$ 1,000,000											
\$ 1,000,000 0 1 - \$ 5,000,000											
Over \$ 5,000,000											

Business Interests:	
Billy Long, Inc., Sub S Corporation Real Estate Commission Sales 3923 E. Glen Abbey Dr., Springfield, MO 80% shareholder interest	x
SP	
Professional Realty Referral, Inc., S Corporation Real Estate Commission Sales 3923E. Glen Abbey Dr., Springfield, MO 100% shareholder interest	x
SP	
BCL Homes, Sole Proprietor 3923 E. Glen Abbey Dr., Springfield, MO 100% interest	x
SP	

SCHEDULE B – TRANSACTIONS

Name: William H "Billy" Long, II

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		Type of Transaction	Date	Amount of Transaction
SP, DC, JT	Asset	Purchase		
SP	Example	Sale		
	Mega Corp. Stock	Partial Sale		
		Exchange		
			Check Box if Capital Gain Exceeded \$200	
			(M) (D) (A) (N) R Or Quarterly, Monthly, or Bi- Weekly, if applicable	A B C D E F G H I J K
			\$1,001-\$15,000	
			\$15,001-\$50,000	
			\$50,001-\$100,000	
			\$100,001-\$250,000	
			\$250,001-\$500,000	
			\$500,001-\$1,000,000	
			\$1,000,001-\$5,000,000	
			\$5,000,001-\$25,000,000	
			\$25,000,001-\$50,000,000	
			Over \$50,000,000	
			Over \$1,000,000* (Spouse/DC Asset)	

Use additional sheets if more space is required.

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SCHEDULE B -- TRANSACTIONS

SCHEDULE C – EARNED INCOME

Name: WILLIAM F. BILLY "LONE, JR. | Page 9 of 15

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security Act.

INCOME LIMITS and PROHIBITED INCOME: The 2018 limit on outside earned income for Members and employees compensated at or above the "senior staff" rate was \$28,050. The 2019 limit is \$28,440. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited.

Source (include date of receipt for honoraria)	Type	Amount
Keene State	Approved Teaching Fee	\$6,000
Slate of Maryland	Legislative Pension	\$18,000
Civil War Roundtables (Oct. 2)	Spouse Speech	\$1,000
Ontario County Board of Education	Spouse Salary	N/A

I ~~PAGE~~ ATTACHED

Use additional sheets if more space is required.

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United States House of Representatives
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Schedule C - Earned Income

Source	Type	Amount
Keller Williams Realty, Inc.	Residual Commissions for Services Rendered Prior to House Employment	28,608
Keller Williams Realty, Inc.	Spouse Residual Commissions	N/A

SCHEDULE D – LIABILITIES

Name: ~~William H. "Billy" Long, Jr.~~

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. **Report a revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

***Column K is for liabilities held solely by your spouse or dependent child**

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Directors held in any religious, social, fraternal, or mutual benefit entities (such as political parties and campaign organizations); and positions solely of an honorary nature.

Report all positions, compensated or uncompensated, held during the current or prior calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. Exclude: Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature.	
Position	Name of Organization
<i>None</i>	<i>None</i>

Use additional sheets if more space is required.

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Schedule D - Liabilities

Creditor SP, DC, JT	Type of Liability	Date Liability Incurred Mo/Year	Amount of Liability							
			A	B	C	D	E	F	G	H
		\$ 1 0, 0 0 1	\$ 1 5, 0, 0 0							
		\$ 1 5, 0 0 1	-	\$ 5 0, 0 0 0						
		\$ 5 0, 0 0 1	-	\$ 1 0 0, 0 0 0						
		\$ 1 0 0, 0 0 1	-	\$ 2 5 0, 0 0 0						
		\$ 2 5 0, 0 0 1	-	\$ 5 0 0, 0 0 0						
		\$ 5 0 0, 0 0 1	-	\$ 1, 0 0 0, 0 0 0						
		\$ 1, 0 0 0, 0 0 1	-	\$ 5, 0 0 0, 0 0 0						
		\$ 5, 0 0 0, 0 0 1	-	\$ 2 5, 0 0 0, 0 0 0						
		\$ 2 5, 0 0 0, 0 0 1	-	\$ 5, 0 0 0, 0 0 0						
		\$ O v e r		\$ 5 0, 0 0 0, 0 0 0						

SP SFC Bank, Springfield, MO
 9/9/2016 Line of Credit Business Loan
 BCL Homes

SCHEDULE F – AGREEMENTS

Name: William H. "Billy" Long, Jr. | Page 13 of 15

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

Date	Parties to Agreement	Terms of Agreement
	<u>None</u>	

SCHEDULE G – GIFTS

Report the source (by name), a brief description, and the value of all gifts totalling more than \$390 received by you, your spouse, or your dependent child from any source during the year. Exclude: Gifts from relatives, gifts of personal hospitality from an individual (which may not include a registered lobbyist or foreign agent), local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of \$156 or less need not be added towards the \$390 disclosure threshold. Note: The gift rule (House Rule 25, clause 5) prohibits acceptance of gifts except as specifically provided in the rule and some gifts require prior approval of the Committee on Ethics.

Source	Description	Value
Example: Mr. Joseph Smith, Arlington, VA	Silver Platter (prior determination of personal friendship received from the Committee on Ethics)	\$400
<u>None</u>		

Use additional sheets if more space is required.

SCHEDULE H – TRAVEL PAYMENTS and REIMBURSEMENTS

Name: William K "Billy" Lane

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Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totaling more than \$390 received by you, your spouse, or your dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense. Disclosure is required regardless of whether the expenses were paid directly by the sponsor or were paid by you and reimbursed by the sponsor.

EXCLUDE: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (FGDA, 5 U.S.C. § 7342); political travel that is required to be reported under the Federal Election Campaign Act; travel provided to a spouse or dependent child that is totally independent of his or her relationship to the filer.

Source	Date(s)	City of Departure-Destination-City of Return	Lodging? (Y/N)	Food? (Y/N)	Family Member Included? (Y/N)
Government of China (MECEA) Habitat for Humanity (charity fundraiser)	Aug 6-11 Mar. 3-4	DC-Beijing, China-DC DC-Boston-DC	Y Y	Y Y	N Y
Consumer Technology Assoc US Assoc of Foreign Members of Congress & Sasakawa Peace Foundation	Jan 11-13 Feb 17-24	DC - Las Vegas - DC DC - Tokyo Japan - Sapporo Japan - DC	Y Y	Y Y	N N
The Aspen Institute Government of Qatar (MECEA)	Mar 2-5 Mar 29-Apr 3	DC - Stanford, CA - DC DC - Doha, Qatar - DC	Y Y	Y Y	N N
The Aspen Institute	Aug 15-19	Springfield, MO - Vancouver BC, Canada - Las Vegas, NV	Y Y	Y Y	N N
The Riper Society & The Franklin Center	Nov 8-13	DC - Paris, France - DC	Y Y	Y Y	N N

Use additional sheets if more space is required.

SCHEDULE I – PAYMENTS MADE TO CHARITY IN LIEU OF HONORARIA

Name: William H. "Billy" Long

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List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of paying an honorarium to you. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Ethics.

Use additional sheets if more space is required.